



STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

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July 17, 1998

DEPARTMENT OF ECOLOGY
S.W. REGIONAL OFFICE

CERTIFIED MAIL

Southwind Well Association
6812 190th Ave KPN
Vaughn WA 98394-9743

Dear Sir or Madam:

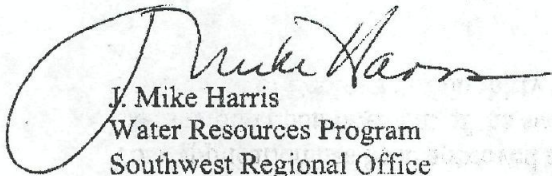
RE: Ground Water Application No. G2-29220

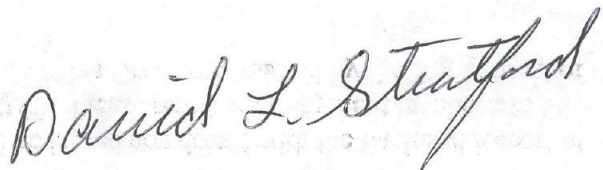
Enclosed is the Department of Ecology's Report of Examination. This report constitutes our determination and order regarding the above-referenced application. Please take the time to read it completely, as it describes the information used to evaluate your application, explains the basis for our decision, and describes any conditions or provisions that will be placed on your water use. If you have any questions or concerns about any of this information, please call the Department of Ecology, SWRO at (360) 407-0240. Thank you for your attention to this matter.

Your application has been approved and a permit will be issued consistent with the enclosed Report of Examination upon payment of the statutory fee of \$20.00. Please remit your payment by check to the Department of Ecology within thirty (30) days of the date this Order was mailed by the Department of Ecology.

This Order may be appealed. Your appeal must be filed with the Pollution Control Hearings Board, PO Box 40903, Olympia, WA 98504-0903 within thirty (30) days from receipt of this Order. At the same time a copy of your appeal must be sent to the Department of Ecology, c/o Appeal Coordinator, PO Box 47600, Olympia, WA 98504-7600. Your appeal alone will not stay the effectiveness of this Order. Stay requests must be submitted in accordance with RCW 43.21B.320. These procedures are consistent with Chapter 43.21B RCW.

Sincerely,


J. Mike Harris
Water Resources Program
Southwest Regional Office


Daniel L. Stutford

JMH:th(rocappv.doc)



SWRO/WR G2-29220

<p>SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.</p> <p>Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. (Extra charge) 2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>	
<p>3. Article Addressed to:</p> <p>SOUTHWIND WELL ASSOCIATION 6812 190TH AVE KPN VAUGHN WA 98394-9743</p>	<p>4. Article Number</p> <p>P 469 206 516</p> <p>Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p>Always obtain signature of addressee or agent and <u>DATE DELIVERED</u>.</p>
<p>5. Signature — Address</p> <p>X <i>S.J. STRATFORD</i></p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature — Agent</p> <p>X <i>[Signature]</i></p>	
<p>7. Date of Delivery</p>	

PS Form 3811, Mar. 1988

★ U.S.G.P.O. 1988-212-865

DOMESTIC RETURN RECEIPT

Sent to	Southwind Well Association
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U.S.G.P.O. 1989-234-555

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P 469 206 516
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